

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

U.S. EPA
AGENCY RO II

94 DEC -8 PM 12:53

SOLID WASTE
PROGRAMS BRANCH

"Request to Deactivate EPA ID Number"

EPA ID No. NJD986593044

Company Name: Chemo Dynamics Inc.

Site Address: 290 River Road Garfield
(street) (city / town)
NJ 07026
(state) (zip code) (lot) (block)

Mailing Address: as above
(street / p.o. box) (city / town)
(state) (zip code)

Company Contact: Dr. Louis Schneider 201-779-0059
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☒ Other We moved to a new location -
3 Crossman Road South
Sayreville, NJ 08872

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Dr. Louis Schneider Louis Schneider
(printed name) (signature)
President 11/19/94
(title) (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

add. 12/13/94 2/R - 2 N7



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

10/15/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986593044
FACILITY NAME ->	CHEMODYNAMICS INC
MAILING ADDRESS ->	290 RIVER DR GARFIELD, NJ 07026
INSTALLATION ADDRESS ->	290 RIVER DR GARFIELD, NJ 07026

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BROUARD RENE VP
CHEMODYNAMICS INC
290 RIVER DR
GARFIELD, NJ 07026



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290 RIVER DR
GARFIELD, NJ 07026



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

986 593044

Dear Sir/Madam:

We are returning a copy of your Notification of Hazardous Waste Activity Form because it is deficient as indicated below. Please provide the missing information along with an original signature in the certification block, and return to:

USEPA - Region 2
— Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278

Thank you for your cooperation in the RCRA Program.

- ☐ Installation Contact
- ☒ Installation Phone Number
- ☒ Ownership Phone Number
- ☐ Type of Hazardous Waste Activity
- ☐ Description of Hazardous Wastes/Waste Codes

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

90-10-09

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 6 5 9 3 0 4 4

II. Name of Installation (Include company and specific site name)

C H E M O D Y N A M I C S I N C .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 9 0 R I V E R D R I V E

Street (continued)

City or Town

G A R F I E L D N J

State

ZIP Code

N J 0 7 0 2 6 -

County Code

County Name

B E R G E N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 9 0 R I V E R D R I V E

City or Town

G A R F I E L D N J

State

ZIP Code

N J 0 7 0 2 6 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

B R O U A R D

(first)

R E N E

Job Title

V P .

Phone Number (area code and number)

2 0 1 - 7 7 9 0 0 5 9

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C H E M O D Y N A M I C S I N C .

Street, P.O. Box, or Route Number

2 9 0 R I V E R D R I V E

City or Town

G A R F I E L D

State

ZIP Code

N J 0 7 0 2 6 -

Phone Number (area code and number)

2 0 1 - 7 7 9 - 0 0 5 9

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

U

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <input type="text"/></p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
F001	F002	F003	F005	U112	U002
7	8	9	10	11	12
U003	U239	U220	U211	U056	U108

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
U133	U080	U154			

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: 	Name and Official Title (type or print): RENE BROUARD, U.S.P.	Date Signed: OCT 3 / 1996
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)